

Recipient Committee
Campaign Statement
Cover Page

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 01/01/2020
through 06/30/2020

Date of election if applicable:
(Month, Day, Year)
11/03/2020

CALIFORNIA
FORM

Page 1 of 2

For Official Use Only

5 OCT 2020 AM 10:57
CITY CLERK'S OFFICE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
☐ Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- ☐ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
☒ Amendment (Also file a Form 410 Termination)
☐ Quarterly Statement
☐ Special Odd-Year Report

Update campaign contributions dates: La Casa del Celular and
Plumbers & Steamfitters Local Union 114

3. Committee Information

I.D. NUMBER
1424210

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Carlos Escobedo for Santa Maria City Council District 1 2020

STREET ADDRESS (NO P.O. BOX)

124 W. Main Street, Suite D

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Santa Maria

CA

93458

805-619-0566

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

124 W. Main Street, Suite D

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Oscar Alejandro Escobedo

MAILING ADDRESS

124 W. Main Street, Suite D

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Santa Maria

CA

93458

805-619-0566

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/30/2020

Date

Executed on 09/30/2020

Date

Executed on

Date

Executed on

Date

By Signature of Treasurer of Assistant Treasurer

By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

5 OCT 2020 AM 10:57
CITY CLERK'S OFFICE
SCHEDULE A (CONT.)

Statement covers period from 07/01/2020 through 09/19/2020		CALIFORNIA FORM 460	
NAME OF FILER Carlos Escobedo for Santa Maria City Council District 1 2020		Page 7 of 18	I.D. NUMBER 1424210

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/20/2020	Bonita Packing Co. 1850 W. Stowell Rd. Santa Maria, CA 93458	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	2,000.00	
08/27/2020	Michael W. Moats 525 E. Plaza Dr., Suite 200 Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dermatologist West Dermatology	500.00	1,000.00	
08/29/2020	La Casa del Celular 425 W. Main St. Santa Maria, CA 93458	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
08/31/2020	Carniceria El Matador, Inc. 101 North Depot St. Suite B	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	
09/04/2020	Plumbers & Steamfitters Local Union 114 ID: 890465 555 Capitol Mall, Suite 400 Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		1,000.00	1,000.00	
SUBTOTAL \$ 4,800.00						

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee


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